

# SSVF Priority 1 Community Plan

Date Completed/Revised:

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Month			Day			Year			

<b>Continuum of Care (CoC) Name:</b> Nassau & Suffolk County CoC		<b>CoC #:</b> NY603
<b>CoC Representative:</b> Greta Guarton		<b>Title:</b> Executive Director
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<b>Person Completing this Plan:</b> Beth Gabellini		<b>Title:</b> SSVF LI Program Director
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- 1. Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name:	
Principle Members	Affiliation
Beth Gabellini	Services for the UnderServed
Robert O'Donnell	Economic Opportunity Council
Edmond Anderson	Economic Opportunity Council
Martin Krongold	Black Veterans for Social Justice
Tonia Taylor	Black Veterans for Social Justice
Melinda Alvarez	Black Veterans for Social Justice
Angela Rodriguez	Volunteers of America
Jessica Martir	Volunteers of America
Ann Jeffryes	Volunteers of America
Mike Giuffrida	Long Island Coalition for the Homeless
Greta Guarton	Long Island Coalition for the Homeless
Greg Curran	Department of Veterans Affairs: Northport
Julie Irwin	Department of Veterans Affairs: VISN

- 2. Ongoing Review and Coordination:** Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

Meetings will be held on a monthly basis. The information to be reviewed during the meeting will include: number of veterans housed per agency, number of veterans & veteran families currently on the caseload, general barriers & difficulties, outreach efforts & specific shelter outreach, as well as GPD and HUD VASH coordination. More specifically, the SSVF providers will seek to work closer with GPD and HUD VASH to bring eligible veterans into SSVF programs. Outreach to identified sheltered, unsheltered, and chronically homeless veterans will result in case management, which will be discussed in detail during this monthly meeting. Lastly, each provider agency will address their ability to meet their monthly projected goals...*See monthly breakdown of each provider agency goals for the total number of annual projected households to be served in #3.*

**3. SSVF Grantees Serving CoC Geography:** Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 ("surge), 2 (renewals), and 3 (other new) awards. If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
Services for the UnderServed (P1)	\$1million (3 yr grant)	250	150	60%
Services for the UnderServed (2)	\$2million (1 yr grant)	400	240	60%
Economic Opportunity Council (2)	\$1.3 million (1 yr grant)	225	135	60%
Black Veterans for Social Justice (2)	\$150,145 (1 yr grant)	26	20	80%
Volunteers of America (2)	*\$371,500 (1 yr grant) *1/4 of total budget of \$1.5 million	75	45	60%
<b>TOTAL</b>	<b>\$4,821,645.00</b>	<b>976</b>	<b>590</b>	

**Monthly breakdown of each SSVF Provider agency goals:**

<u>Provider</u>	<u>RRH</u>	<u>Prevention</u>
SUS, P1	13	8
SUS, 2	20	14
EOC, 2	11	8
BVSJ, 2	2	1
VOA, 2	4	3

*These numbers are based on a Jan 2015 to Dec 2015 timeframe.*

**4. Annual Demand and Need for Rapid Re-Housing Assistance:** Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

*Numbers are actuals collected from HMIS: 10/1/2013 to 2/6/2015*

	Annual Unduplicated Homeless Veteran Households (Box 1)	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c)	Gap (a-(b+c))
Households without Children	442	263	525	13	0
Households with Children	36	32	65	2	0
<b>Total Homeless Veteran Households</b>	<b>478</b>	<b>295</b>	<b>590</b>	<b>15</b>	<b>0</b>

**Rationale to #4:**

**Estimated # Needing RRH (a)**

Box 1 minus the number of available transitional housing beds

**Projected # to be assisted with SSVF RRH (b)**

\*Households without children 89% of 590 (total annual projected RRH)

\*Households with children 11% of 590 (total annual projected RRH)

*\*Numbers came from what the CoC projected as averages from the actual numbers collected from HMIS 10/1/13 to 2/6/15*

**Project # to be assisted with Other RRH (c)**

\*5% of the Estimated # Needing RRH minus Projected # to be assisted with SSVF RRH

**5. CoC Goals for Ending Homelessness among Veterans:** List the CoC's goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

**What are the CoC's goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?**

*Numbers are actuals collected from HMIS: 10/1/2013 to 9/30/14, as well as the January 2014 PIT Count.*

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	139	7	146	26	2	28
Households with Children	14	0	14	2	0	2
<b>Total Households</b>	<b>153</b>	<b>7</b>	<b>160</b>	<b>28</b>	<b>2</b>	<b>30</b>

**Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015?** ☒ Yes ☐ No

**Rationale to #5: Estimated Functional Zero**

**All Homeless Veteran Households**

Actual PIT Count #'s

Actual PIT Count #'s

**Chronically Homeless Veteran Households**

19% of 139 = 26

14% of 14 = 2

**If "Yes", please describe:**

The CoC established a "Team Long Island" committee, focused on ending veteran homelessness on Long Island by EOY 2015. The committee created a projected needs assessment for the number of veterans in need of permanent housing on Long Island. The number of veterans permanently housed by CoC agencies are reported monthly. (The CoC plans to provide permanent housing for approximately 400 veterans and 280 family members by EOY 2015). The committee discusses how to increase outreach to veterans and also how to be more effective in outreach initiatives. The committee seeks to push for legislation reform on veteran homelessness and use current legislation to increase the availability and effectiveness of services provided to veterans. To this end, the group will seek to meet with all Federal representatives and the majority of State government leadership by April 2015. The committee also attempts to network with local landlord groups and developers to advocate for more veteran housing.

A function of the CoC is to bring together many different agencies for the purpose of organizational cohesion, as a result of the Team Long Island meetings a new outreach group formed to focus on finding homeless individuals (veterans and non-veterans) at and around train stations. This small component of the team in conjunction with the MTA/Long Island Rail Road meets on a regular basis to perform outreach and connect homeless individuals to services and housing. In terms of a CoC goal this outreach team has achieved the objective of coordinating services, partnering with agencies, and bringing in people off the street.

It should be noted that the Long Island Coalition for the Homeless, United Veterans Beacon House, and Concern for Independent Living are currently housed in the Amityville Community Center, as is the office of Services for the UnderServed. Additional non-profit organizations will be moving into the center with the sole purpose of assisting veterans to obtain housing, employment, and accessing a multitude of support services to help create sustainability.

Monitoring the goals set forth and tracking the progress of this Priority 1 Community Plan will take place each month during the meeting of the Principle Members listed in this report. On a quarterly basis Beth Gabellini will relay updated information to the CoC's Veterans Subcommittee.

**6. SSVF Integration into CoC Coordinated Assessment System:** Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC's coordinated assessment system (e.g., "All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

Since a Coordinated Assessment System has not yet been completed, the following situations describe how veterans are diverted to SSVF programs:

- A) Veterans that present at Suffolk or Nassau County DSS or at the Salvation Army Residence on the grounds of the Northport VAMC are screened by staff with a universal screening form approved by all grantees. This form collects the basic information needed to determine veteran status, income eligibility, and housing status. Either a hard copy referral or phone call is placed to an SSVF provider to begin the intake/enrollment process.
- B) Veterans who are literally homeless are priority, and as such are seen as quickly as possible to intake and begin to provide service coordination and housing. Intake includes collecting a residency letter or a self-declaration of homelessness, proof of income, and a DD-214. If the veteran is deemed eligible and all documents are collected at intake the case can be accepted based on urgency and the Housing Specialist can begin a housing search.
- C) Veterans who are given a coordinated assessment screening and intake are placed into the program that can best accommodate their needs. The coordinated assessment worker will follow up with case management through the provider, as well as also continue to inform the client of his/her housing options and additional services that are available.

The Long Island Coalition for the Homeless currently uses a manual system of referrals regarding housing and services. This is coordinated through a central assessment caseworker. The caseworker seeks to immediately determine veteran status and eligibility, creates a documented intake for all inquiries and then determines the most appropriate and effective placements for each client so that they are placed into the proper housing and support service programs.

In time the coordinated assessment plan will move to a client data sharing system based in HMIS. The system would create an automated response to client needs and availability of services. The system would also inform agencies if a client was already receiving services from another agency. This process would be similar to a "consumer look up" in HMIS, but would show services being received by any veteran service agency rather than solely if services have been or are being received from the agency that is submitting the data.

It should be noted that the Long Island Coalition for the Homeless, who maintains and monitors HMIS, is in the process of working with the software provider to develop an internal coordinated assessment. Creating an electronic referral would allow for a veteran to be matched with appropriate programs that he/she would be eligible for with no delay or program prejudice. Projected implementation of this system is June 2015.

**7. Long-Term System Improvements:** Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.
- c) Improving or establishing partnerships with community-based services and public/private housing providers.

- A) In an effort to further integrate SSVF programs into the CoC's planning, oversight and coordinated assessment system all four SSVF providers (*to include all Principle Members-listed on page 1*), along with the local VA liaison, will regularly attend CoC meetings as well as attend a monthly meeting to discuss the Community Plan and continued effort to complete the Coordinated Assessment. Once the assessment has been completed a pilot period of 3 months will commence, followed by brief time to make changes or corrections based on feedback and then full implementation of the Coordinated Assessment will begin by Spring/Summer 2015. Monthly meetings commenced on Tuesday, December 9, 2014. Every monthly meeting will be attended by at least one Principle Member representative from each SSVF provider agency.
- B) SSVF providers need to meet and communicate with the relevant VA coordinators within the VISN and medical center, including HUD VASH and GPD coordinators on a monthly basis to ensure that key information is being exchanged. This meeting is currently scheduled to take place the second Tuesday of every month.
- C) Coordinated outreach to key community organizations (LI Board of Realtors, non-profits with available housing units), local/State/Federal government officials, and major housing complexes (ex: Fairfield, Heatherwood & The Avalon in Nassau & Suffolk Counties) will be beneficial to creating and/or improving outside partnerships.
- D) The continuation of HMIS coordination for the purposes of service delivery as a mechanism to monitor and track progress.

**8. Other Strengths and Challenges:** Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths: 1) All four SSVF providers are established in their respective communities and have already formed relationships with local partners which should make it easier to coordinate future cohesive outreach efforts; 2) SSVF provides consistent case management for Veterans which will benefit them and contribute to their long term sustainability. This should prove to be a valuable program component to realtors and potential landlords.

Challenges: 1) All four SSVF providers need to determine and agree upon a fair system to disperse Veterans within a shared location, as all will be seeking to hit their target goals of Veterans served per grant cycle; 2) Trying to educate landlords and realtors so that the stigma of being "homeless" or a "Veteran" is removed and housing is not denied based on a perception; 3) Forecast the need for permanent housing based on a GAP analysis on page 2 of this document; 4) The biggest challenge each SSVF provider faces is the lack of affordable housing on Long Island.